| NATIONAL Assessment Centr | to the second | | | 00/02/10/05/11/04/17 | | |
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| Date In: 22/4/19 13:57 | Job description | | Date & Time Comp | leted | Done | by. |
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| Veh No: SLU 688.J | E-mail (white the | s, AlC 2hrs) | | | , and the second | |
| D.O.A : 20/4/19 11:55 · | l-Motor Claim | Form | MT/1041144 | 202 | 2214/19 | 16:3 |
| OD / TP / Reporting Only | l-Motor W/O (v | Vithin: OD 2hrs, 7 | P 4brs) | | | |
| COS TO THE INCOME. | I-Photo Upload | ed | | | | |
| TP Insurer: | Assessment/Surve | sy Report | | | | |
| The same of the sa | Ass't Report by F | ax / Hand to | Owner/Wksp | reamouse | CONTRACTOR OF THE PARTY. | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | Tol: | FA | ж: | |
| TP Particulars: Veh No: | SJK 93522 | , INC(|)/Non-INC (|). | | |
| Owner / Driver: (| J. J. W. W. W. W. W. | | Tel: | |) | |
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| General Remarks 1878 Specific Property Company | | CHARLEST CONTRACTOR STATES CONTRACTOR OF THE CON | REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. | T B SECTION STORY | 03 101 | |
| () Walk-In Customer : Customer's Infor | | ontial & Strict | ly NO refer of repr | olter. | | |
| () Total Loss Case : to e-mall Insurer | URGENTLY. | Barrier Control | 1 40 1 1 | | | |
| Professor For Company of the Company | 2 (22) | | Mercold and provide a little of the value of | | | PCS 9, 200 TM/ST DATE |
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

| aforesaid, | 701 1/2 V/ |
|--|--|
| gradus servicios, e se especies e en l'ex- | ACCIDENT STATEMENT |
| Date Of Report | 22/04/2019 13:57 |
| Date Of Accident | 20/04/2019 11:55 |
| Exact Location Of Accident | UPPER CHANGI RD EAST |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLU6880J |
| Insured/Policyholder | |
| Name Of Registered Owner | RELIABLE RIDES PTE LTD |
| Co Reg No | 201611527N |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-81669797 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | FREED |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | PRIVATE HIRE |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5096638911-01 |
| Cover Note Number | ¥ |
| Driver | |
| Name of Driver | YEO HIAP LEONG |
| NRIC No | S1642700D |
| Date Of Birth | 03/11/1964 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 27/07/1988 |
| Driving Experience | 30 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-86616564 |
| | |

NOEMAIL

Address BLK 467 ADMIRALTY DRIVE #04-187

Postcode 750467

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

3

Insurance Company of Driver's Own Vehicle

2

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Passenger 1

YES NO

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

NAME: : UNKNOWN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG UPPER CHANGI RD EAST ON THE CENTER LANE, SUDDENLY VEH B (BEARING NO SJK9352Z) WHICH WAS INFRONT OF ME JAMMED BRAKE, I MANAGE TO BRAKE BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJK9352Z

Vehicle Make/Model/Colour

33N93322

Details Of Properties

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Name YEO HIAP LEONG Approximate Age Injuries Sustain BACK Injured person in which vehicle? SLU6880J Were seat belts worn? YES Was this injured conveyed to hospital by ambulance?

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

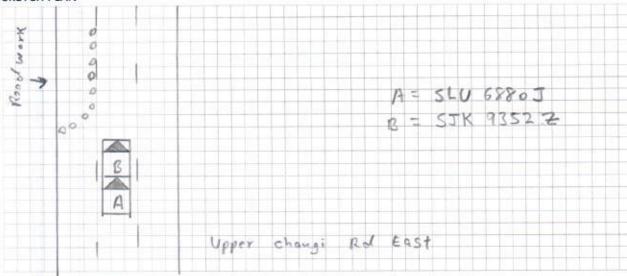
Policyholder's Signature Date & Time:

Co. Reg. No 2016115271

> Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| | fox | |
|--------|--------------------|----|
| Please | Refer to Statement | A) |
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DECLARATION

I/We declare the foregoing particulars are true in every respect.

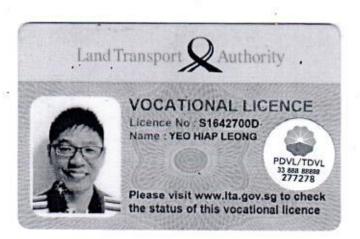
Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description

ption

Issue Date

13 PRIVATE HIRE CAR VL

10/09/2018





eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Password · Change Language · Log Out My Desktop **Policy Query** Notice of Loss 20/04/2019 13:54 Policy No. Date of Accident Vehicle No.(For Motor) SLU6880) Certificate Number Search Policyholder Name Policyholder NRIC Commence Date Certificate Vehicle Insured Select Policy No. Product Cover Type Expiry Date Number No. Object RELIABLE 5096638911drivo RIDES PTE 201611527N SLU68803 SLU68803 11/12/2018 10/12/2019 01 CLASSIC LTD Continue

Claim Handling Accident MT/1041144

| Policy No. | 5096638911-01 | Vehicle No. | SLU6880) | | GST Regis | tration No. | |
|--|--|--|--------------------|-----------------------|-------------------|----------------|----------|
| Certificate No. | | | | | | | |
| Policyholder Name | RELIABLE RIDES PTE LTD | 0.000.000.0000.0000.0000.0000.0000.0000.0000 | | | Policyhold | er NR3C | 20161 |
| Product Code Contact No.(Mobile) | PRIVATE CAR INSURANCE | Cover Type | drivo CLASSIC | | Loading | | 0 |
| | NA | Contact No.(Office) | 81669797 | | Contact N | o.(Home) | |
| Email Address | IN SEC. | Special Remark | 10000000 | | eCode | | No * |
| KPK | No Yes | TCA | » No Pres | | eCode Rea | son | |
| NCD Protection | No | NCD Entitlement(%) | 0 | | Private Hi | re | Yes |
| | | | | | | | |
| Report Date | 22/04/2019 15:30 | Accident Report Within 24 hrs | Yes | | Accident 1 | ype | Collisio |
| Date of Accident | 20/04/2019 | Time of Accident hh:mm | 11:55 | | Country o | f Accident | Singap |
| Reporting Centre | | Orange Force | | | ICM No. | | |
| Accident Location | UPPER CHANGI RD EAST | | | | | | |
| ₩ Excess | | | | | | | |
| Own damage Excess | 1,000.00 | Additional Excess | 0 | | Windscree | n Excess | 100.00 |
| Unnamed Driver Excess | | Outside Singapore OD Excess | | 3,000.00 | | | |
| Third Party Excess | 1,500.00 | Outside Singapore TP Excess | | 3,000.00 | | | |
| → Benefits | | | | | | | |
| GST Registered Information | tion | | | | | | |
| GST Registered | No | | GST Registra | tion Date | | | |
| GST Registration No. | | | GST Status V | rerified | | Yes | |
| Modification History | 22/04/2019 15:31:54 Sy | ystem changed GST Status Verified from N | o to Yes | | | | |
| | | | | | | | |
| | Iress | | | | | | |
| Address 1 | 8 KAKI BUKIT AVENUE 4 | Address 2 | #05-50 PREMIER @ X | CAKI BUKIT | Address 3 | | SINGA |
| Address 4 | | Address Type | Singapore address | | Post Code | | 415873 |
| Unit No. | 05-50 | Related Policy Number | 5106937496 | | | | |
| → OI Driver Info | | | | | | | |
| Driver Name | Unnamed Driver | Driver Type | Unnamed Driver | | | | |
| Unnamed driver Name | YEO HIAP LEONG | Driver NRIC | 51642700D | | Driver DO | В | 03/11/ |
| Register Date of Driver License | 27/07/1988 | Driver Age | 54 | | Driving Ex | perience | 30 |
| Contact No.(Mobile) | 86616564 | Contact No.(Office) | | | Contact N | o.(Home) | |
| Address 1 | BLK 467 #04-187 | Address 2 | ADMIRALTY DRIVE | | Address 3 | | SINGA |
| Address 4 | | Address Type | Singapore address | | Post Code | | 75046 |
| Unit No. | 04-187 | | | | | | |
| Does he own a Singapore Registered car? | Yes · No | Driver Vehicle No. | | | Oriver Ins | urer Company | |
| Declaration | | | | | | | |
| Breathalyser or Blood Test | V | | | | | | |
| Reading? | 0 mg | Any injury? | Yes in No | | | | |
| Modification History | | | | | | | |
| Piodification History | | | | | | | |
| Claim 002 New | | | | | | | |
| | | | | | | | |
| | | | | | - Income | _ | |
| Claim Type * | | | | OD-MX | ▼ Insured Name | RELIABLE RIDES | PTE LTD |
| Contact No.(Mobile) | | | 1 | | Contact | | |
| A STANCE SHOULD AND A STANCE OF THE STANCE O | | | | | (Home) | | |
| Email Address | | | 1 | | OI Vehicle | SLU68803 | |
| | | | | | Number | | |
| Claim Description | | | 1 | SLU6880) / SJK9352Z (| ON 20 Apr 2019 | | |
| Preferred | The state of the s | | | | | | |
| Workshop 0 Bonuer No. Finalisation | Preferered Liability Fully at | and the second s | | | | | |
| | Repair Preferred Workshop Option | p, Name unknown report Receive | - | | Claim | | |
| Date Registered | | | 1 | 22/04/2019 16:33 | Close | | |
| Report Taken By | | | | LIEW SHAN HUI | 100000 | | |
| | | | 8 | | | | |
| Print AK letter | | | | | | | |
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| w. | | | | | | | |
| Accident Na. | MT/1041144 | Claim No. | 002 | 2 | | | |

Last Doc. Received

Upload Date

22/04/2019 16:34

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| Video List | | | | | | 15.05 | |
| | NAC_PAYA_UBI_800601(NATIONAL 22 Apr 20 | | Photos | | Normal | Photos 2019-4- | 22 |
| | NAC_PAYA_UBI_800601(NATIONAL 22 Apr 20 | ASSESSMENT CENTRE SERVICES) o 19 16:33 | Photos | | Normal | Photos 2019-4- | 22 |
| | NAC_PAYA_UBI_800601(NATIONAL 22 Apr 20 | ASSESSMENT CENTRE SERVICES) o 19 16:33 | Photos | | Normal | Photos 2019-4- | 22 |
| SER. | NAC_PAYA_UBI_800601(NATIONAL 22 Apr 20 | | Photos | | Normal | Photos 2019-4- | 22 |
| | NAC_PAYA_UBI_800601(NATIONAL 22 Apr 20 | | Photos | | Normal | Photos 2019-4- | 22 |
| | NAC_PAYA_UBI_800601(NATIONAL 22 Apr 20 | ASSESSMENT CENTRE SERVICES) o 19 16:33 | Photos | | Normal | Photos 2019-4- | 22 |
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| K | NAC_PAYA_UBT_800501(NATIONAL 22 Apr 20 | ASSESSMENT CENTRE SERVICES) o 19 16:33 | Photos | | Normal | Photos 2019-4- | 22 |
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| RECOR. | NAC_PAYA_UBI_800601(NATIONAL 22 Apr 20 | | Photos | | Normal | Photos 2019-4- | 22 |
| 15- | NAC_PAYA_UBI_800601{ NATIONAL 22 Apr 20 | ASSESSMENT CENTRE SERVICES) 0 19 16:34 | Photos | | Normal | Photos 2019-4- | 22 |
| 60 | NAC_PAYA_UBI_800601(NATIONAL 22 Apr 20 | | SAS | | Normal | SAS 2019-4-2 | 2 |
| THE COST | NAC_PAYA_UBI_800601(NATIONAL 22 Apr 20 | ASSESSMENT CENTRE SERVICES) o 19 16:34 | NRIC/ Driving License | | Normal | NRIC/ Driving License 2 | 2019-4-22 |
| | | | Category | 9 | Urgency | Description | |

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